



Ramsey County Emergency Management and Homeland Security  
90 West Plato, Suite #220  
Saint Paul, Minnesota 55107  
Phone: 651.266.1020 Fax: 651.266.1019



===== **Drivers License Information** =====  
**Please fill out the following information as it appears on your driver's license.**  
**Please write clearly and legibly.**

**Personal & License Information**

Name (First, middle, last): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Type / Class of License: Class A  Class B  Class C  Class D  Other  \_\_\_\_\_

Restrictions / Endorsements: \_\_\_\_\_

Height: \_\_\_\_\_ (ft/in) Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Blood type: \_\_\_\_\_  
(if known)

Distinguishing marks / features / scars: \_\_\_\_\_

**Driving History**

**Answering yes to any of these questions does not automatically disqualify you.**

Is your license currently valid? Yes  No

Do you have any traffic charges currently pending? Yes  No

If yes, please explain: \_\_\_\_\_

Has your driver's license or other vehicle operator's license ever been suspended or revoked? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been license to operate a vehicle in another state? Yes  No

If yes, please list those states (list all): \_\_\_\_\_

Please list all traffic infractions for the past two years. Do not include parking violations.

<u>Date (mm/yyyy)</u>	<u>Offense</u>	<u>Location/Agency</u>	<u>Sentence/Disposition</u>
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**IMPORTANT**

When answering questions 1-7, **do not include:** 1) any violation of law committed before your 18<sup>th</sup> birthday, if the final decision was made in juvenile court or under a youth offender law; 2) any conviction whose record was expunged under Federal or State Law; 3) minor traffic violations. **DWI, DUI, Open Container and Driving While License Suspended** are not minor traffic violations and must be listed. Answering yes to any of these questions (other than #3) does not automatically disqualify you from membership with Ramsey County Emergency Services.

1. Do you have any criminal charges currently pending? Yes  No

If yes, please explain: \_\_\_\_\_

2. Are you on parole or probation, deferred adjudication or under a pre-trial diversion agreement? Yes  No

If yes, please explain: \_\_\_\_\_

3. Have you ever been convicted of a felony? Yes  No

If you answered yes to question #3, we thank you for your interest, but at this time we are unable to accept your application due to requirements that we must abide by.

4. Have you ever been convicted of a misdemeanor? Yes  No

If you answered yes to questions 1, 2 or 4, please explain. Use an additional page if necessary.

Date	Offense	Location	Sentence

5. Are there any legal restrictions against your carrying a firearm, such as a conviction of a crime involving domestic violence, a protective order or a condition of probation?

Yes  No  If yes, please explain: \_\_\_\_\_

6. Are you now or have you ever been a member of a street gang? Yes  No

7. Are you now or have you ever been a member of or affiliated with an organization that promotes racial, ethnic, or gender superiority or separation, independence from governmental laws and regulations or overthrow of the United States Government?

Yes  No



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If you answered yes to questions 6 and/or 7, provide the following information:

Name of the organization and dates of membership: \_\_\_\_\_

Position or positions you held in the organization: \_\_\_\_\_

Arrests and/or convictions resulting from your activities as a member: \_\_\_\_\_

**General Authorization and Release of Information  
 Pursuant to Minn. Stst. Section 13.05 Subd. 4. (d) of the Minnesota Data Practices Act**

To Ramsey County Emergency Management & Homeland Security

I, \_\_\_\_\_ hereby authorize and give my informed consent to permit you, Ramsey County Sheriff's Department, to release and make available to Ramsey County Emergency Management and Homeland Security and/or its agents and/or representatives, data classified as private by Minn. Stat. 13.02 Subd. 12 except medical and psychological, which data concerns me, and which may be in your possession. The data which I authorize to be released consists of private data that has been collected by you as a result of my contacts and associations with you and / or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting Ramsey County Emergency Management and Homeland Security to have access to this data is to determine my eligibility for a volunteer position with the department, and to verify records and other information which I have provided to them.

I hereby authorize and grant my informed consent to permit you to make photocopies for Ramsey County Emergency Management and Homeland Security of all private data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration date, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant full printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

**For office use only.**

Criminal history / background check started: \_\_\_\_\_ Passed  Failed

Driver's license check started \_\_\_\_\_ Passed  Failed